



STATE OF ALASKA

DIVISION OF INSURANCE – External Review

550 W. 7th Avenue, Suite 1560 Anchorage, Alaska 99501-3567
Tel: (907) 269-7900 Fax: (907) 269-7910 TTY/TDD: 711 or (800) 770-8973

Certification of Treating Health Care Provider
Expedited External Review Appeal

A covered person/patient can request an external review when a health insurance company has denied coverage for a prospective health care service or course of treatment on the basis of a utilization review determination that the requested health care service or course of treatment does not meet the health insurer’s requirements for medical necessity, appropriateness, health care setting, level of care or the effectiveness of the health care service or treatment prescribed by a health care provider. The Alaska Division of Insurance oversees external review appeal processes. The standard external review process can take up to 45 days from the date the patient’s request is received by the independent review organization. Expedited external review is available in cases where denial of the health care service or course of treatment would seriously jeopardize the life or health of the covered person or would jeopardize the covered person’s ability to regain maximum function. An expedited external review must be completed as expeditiously as possible, but in not more than 72 hours. This form is for the purpose of providing medical documentation to certify that the request qualifies for expedited external review.

General Information:

Name of Treating Health Care Provider: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number _____ Fax Number _____

Licensure and Area of Clinical Specialty: _____

Certification:

I _____ hereby certify that denial of the following health care service or course of treatment would seriously jeopardize the life or health of _____ (Patient/Covered Person) or jeopardize their ability to regain maximum function: _____

(Attach additional support and explanation if necessary)

Signature: _____ Date: _____